



**OFFICE OF THE STAFF JUDGE ADVOCATE
HURRICANE MATTHEW INSTRUCTIONS PACKET**

MAILING ADDRESS:

OFFICE OF THE STAFF JUDGE ADVOCATE
ATTN: CLAIMS OFFICE
1791 GULICK AVENUE, BUILDING 709
FORT STEWART, GEORGIA 31314

TELEPHONE NUMBER:

(912)767-8185

Your claim must be submitted no later than 2 years from
the date of incident.

**Claims resulting from Hurricane Matthew – 7-8 October 2016 – Fort Stewart, Georgia
(surrounding military bases within area of jurisdiction of Fort Stewart, Georgia)**

Storms Damage Claims will be considered under Chapter 11, AR 27-20.

Chapter 11, is payable by the Army when filed by a Soldier or by a DOD civilian employee or their agents. Contractors and Retirees are not proper party claimants.

Prior to filing your claim with the Military Claims Office a claim must be filed with the private insurer first (i.e. car insurance or renters insurance). Your private insurer should provide the breakdown of how any claim was settled and/or a letter stating that storm damage is not covered in the policy.

If you do not have insurance and have an emergency situation, please contact our office immediately.

When you file your claim please complete the attached packet.

Check List:

- DD Form 1842
- DD Form 1844
- Copy of Declaration page from insurance policy (Renters/Vehicle)
- Insurance settlement breakdown
- Registration for vehicles
- Substantiating documents for damaged property (ie: purchase receipts/canceled checks, purchase invoices)
- CEFT Form (Banking)

POC: Claims Office
Fort Stewart, Georgia
912-767-8185

CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE

PART I - TO BE COMPLETED BY CLAIMANT (See back for Privacy Act Statement and Instructions.)

1. NAME OF CLAIMANT (Last, First, Middle Initial) SHERMAN, WILLIAM	2. BRANCH OF SERVICE RA/USAR/NG	3. RANK OR GRADE E7/SFC/GS-7	4. SOCIAL SECURITY NUMBER 123-45-6789
5. HOME ADDRESS (Street, City, State and Zip Code) WHERE YOU CURRENTLY LIVE		6. CURRENT MILITARY DUTY ADDRESS (If applicable) (Street, City, State and Zip Code) CURRENT UNIT ADDRESS IF APPLIES	
7. HOME TELEPHONE NO. (Include area code)	8. DUTY TELEPHONE NO. (Include area code)	9. AMOUNT CLAIMED	

10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)

EXPLAIN IN DETAIL WHAT HAPPENED

11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)	YES	NO
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)		
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)		
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)		
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)		

16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM:

If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind.

I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage.

I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.

17. SIGNATURE OF CLAIMANT (or designated agent) ** SOLDIER/CLAIMANT'S SIGNATURE OR BY POA HIS/HER SIGNATURE (STOP AT *18)	18. DATE SIGNED (YYYYMMDD)
--	-------------------------------

PART II - CLAIMS APPROVAL (To be completed by Claims Office)

19. PROCEDURE (X one) <input type="checkbox"/> a. SMALL CLAIMS <input type="checkbox"/> b. REGULAR CLAIMS	20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated: \$
21. SIGNATURES (Signatures at a and c not required if small claims procedure is utilized)	
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)
c. REVIEWING AUTHORITY	d. DATE SIGNED (YYYYMMDD)
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY	f. SIGNATURE OF APPROVING AUTHORITY
	g. DATE SIGNED (YYYYMMDD)

CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE

PART I - TO BE COMPLETED BY CLAIMANT *(See back for Privacy Act Statement and Instructions.)*

1. NAME OF CLAIMANT <i>(Last, First, Middle Initial)</i>	2. BRANCH OF SERVICE	3. RANK OR GRADE	4. SOCIAL SECURITY NUMBER
5. HOME ADDRESS <i>(Street, City, State and Zip Code)</i>		6. CURRENT MILITARY DUTY ADDRESS <i>(If applicable) (Street, City, State and Zip Code)</i>	
7. HOME TELEPHONE NO. <i>(Include area code)</i>	8. DUTY TELEPHONE NO. <i>(Include area code)</i>	9. AMOUNT CLAIMED	

10. CIRCUMSTANCES OF LOSS OR DAMAGE *(Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)*

11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? <i>(E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)</i>	YES	NO
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? <i>(If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)</i>		
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? <i>(If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)</i>		
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? <i>(If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)</i>		
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? <i>(If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)</i>		

16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM:

If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind.

I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage.

I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.

17. SIGNATURE OF CLAIMANT <i>(or designated agent)</i>	18. DATE SIGNED <i>(YYYYMMDD)</i>
--	--------------------------------------

PART II - CLAIMS APPROVAL *(To be completed by Claims Office)*

19. PROCEDURE <i>(X one)</i>	20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated:	\$
<input type="checkbox"/> a. SMALL CLAIMS <input type="checkbox"/> b. REGULAR CLAIMS		

21. SIGNATURES *(Signatures at a and c not required if small claims procedure is utilized)*

a. CLAIMS EXAMINER	b. DATE SIGNED <i>(YYYYMMDD)</i>	c. REVIEWING AUTHORITY	d. DATE SIGNED <i>(YYYYMMDD)</i>
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY		f. SIGNATURE OF APPROVING AUTHORITY	g. DATE SIGNED <i>(YYYYMMDD)</i>

PRIVACY ACT STATEMENT

AUTHORITY: 31 U.S.C. 3721, and EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSE(S): Filing, investigation, processing and settlement of claims for losses incident to service.

ROUTINE USES:

a. Information is principally used to provide a legal basis for the administrative payment of claims against the Government. Information is also used in connection with:

- (1) Recovery from common carriers, warehouse firms, insurers and other third parties.
- (2) Collection from claimants of improper payments or overpayments.
- (3) Investigation of possible fraudulent claims.
- (4) Possible criminal prosecution by the Department of Justice or other agencies if fraud is established.

b. Social Security Numbers are used to assure correct identification of claimants in order to assure payment to the proper claimant and avoid duplication of claims.

DISCLOSURE: Voluntary; however, failure to supply information will cause delay in settlement and may result in denial of a portion or all of the claim.

INSTRUCTIONS TO CLAIMANTS

1. You must submit your claim in writing within two years of the date of the incident giving rise to the claim. This two year time limitation may not be waived.

2. The claimant or an authorized agent must complete and sign Part I of this form, answering all questions. If the claim is signed by an agent (*such as a spouse*) or a survivor of a deceased proper claimant, that person must have a document showing his or her authority to present the claim, such as a power of attorney, etc.

3. If the claim is for property lost or damaged while being shipped or stored pursuant to travel orders, submit copies of your orders and all shipping documents, including your inventory and your "Joint Statement of Loss or Damage at Delivery/Notice of Loss or Damage," DD Forms 1840/1840R. If you notice damage after delivery, you must complete the DD Form 1840R and get it to the Claims Office within 70 days after delivery.

4. You may obtain further information from a Claims Office.

5. You are entitled to claim the following:

a. Reasonable local repair cost, if an item can be economically repaired. (*You may claim small amounts without an estimate. Otherwise, submit an estimate of repair from a repair firm or, if repairs have been completed, your receipt. The claims office may waive this in appropriate cases.*)

b. Reasonable local replacement cost if an item is missing, destroyed, or not economic to repair. (*Replacement costs may be obtained from commercial catalogs or a military exchange. If you cannot find the item in a catalog or the exchange and the cost is more than \$100.00, obtain a statement from a commercial firm for the cost of a similar item. If you have purchase receipts, bring these to the Claims Office as well.*)

c. Reasonable cost of obtaining local estimates of repair, if the cost of such estimates will not be credited if repair work is done. (*Normally, you may not claim appraisal fees.*)

PART III - DENIAL OR SUPPLEMENTAL PAYMENT (To be completed by Claims Office)

23. DENIAL (X if applicable) The claim is not cognizable or meritorious under 31 U.S.C. 3721 and the applicable provisions of the controlling departmental regulation, and is denied.		24. SUPPLEMENTAL PAYMENT (X and complete if applicable) The claim is cognizable and meritorious under 31 U.S.C. 3721, and the following additional award is substantiated: \$	
25. SIGNATURES			
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY	d. DATE SIGNED (YYYYMMDD)
26. APPROVING/SETTLEMENT AUTHORITY (Settlement Authority is required for denial.)			
a. TYPED NAME	b. GRADE	c. SIGNATURE	d. DATE SIGNED (YYYYMMDD)

1. NAME OF CLAIMANT (Last, First, Middle Initial) SHERMAN, WILLIAM X.				3. PICK-UP DATE 07/21/00		LIST OF PROPERTY AND CLAIMS ANALYSIS CH (Items 14 through 31 to be filled out by Claims Office)					
2. CLAIMANT'S INSURANCE COMPANY (If applicable) a. NAME USAA, STATE FARM ETC b. POLICY NO. IF AVAILABLE				4. DELIVERY DATE (YYYYMMDD)		14. ORIGIN CONTRACTOR		17. 2ND CONTRACTOR		21. CLAIM NUMBER	
5. LINE NO.	6. QTY	7. LOST OR DAMAGED ITEMS (Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING")	8. INV NO.	9. ORIGINAL COST	10. AMOUNT CLAIMED a. Repair Cost b. Replacement Cost c. Other	11. INVENTORY DATE (YYYYMMDD)	15. EX	16. EX	18. EXCEPTION SITE	21. CLAIM NUMBER	OKATOR'S MARKS
1	1	TOSHIBA LAPTOP 15" WIDESCREEN MISSING (THEFT EXAMPLE)		1,000.00	1,000.00						
				312/007							
	1	XBOX 360 MISSING (THEFT EXAMPLE)		399.00	399.00						
				10/2006							
	2	XBOX GAME CONTROLLERS (THEFT EXAMPLE)		75.00	75.00						
				10/2006							
		2005 MITSUBISHI LANCER GL 2 FRONT TIRES SLASHED (AUTOMOBILE VANDALISM EXAMPLE)		16,500.00	350.00						
				9/2004							
		2005 MITSUBISHI LANCER GL ENTIRE LEFT SIDE OF CAR KEYS (AUTOMOBILE VANDALISM EXAMPLE)		16,500.00	1,350.00						
				9/2004							
Write in the total of the amounts claimed											
12. REMARKS				13. TOTAL \$		30. TOTAL AMOUNT ALLOWED \$		31. THE PART USED			
						0.00					

SAMPLE

LIST OF PROPERTY AND CLAIMS ANALYSIS CHART

(Items 14 through 31 to be filled out by Claims Office)

[illegible]

MANUAL CEFT INPUT INFORMATION

This form must be completed and returned with the DA Form 7500

Full Name_____

SSN_____ Tax ID#_____

Corporate Status Code: 21

Mailing address_____

Phone:_____

Email Address:_____

EFT Format: CTX

FINANCIAL INSTITUTION INFORMATION

ACH Bank Name:_____

ACH Bank Address:_____

ACH Bank Phone:_____

ACH 9 Digit Routing Transit Number:_____

Depositor Account Number:_____

Checking_____ Savings _____

Account Holder's Name_____

Account Holder's Signature:_____